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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**Declaration  
Submitted  
With Initial  
Filing

OR

Declaration  
Submitted after Initial  
Filing (surcharge  
(37 CFR 1.16 (e))  
required)

Attorney Docket Number ACMI-2.006.US

First Named Inventor Khalid Raja

COMPLETE IF KNOWN

Application Number 10/692,363

Filing Date October 22, 2003

Art Unit 3763

Examiner Name Unknown

**I hereby declare that:**

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

FLUID DELIVERY SYSTEM FOR USE WITH A SURGICAL PUMPING UNIT

(Title of the invention)

the specification of which



Is attached hereto

OR



was filed on (MM/DD/YYYY)

10/22/2003

as United States Application Number or PCT International

Application Number

10/692,363

and was amended on (MM/DD/YYYY)

10/22/2003

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				Yes	No
PCT/US02/15729	PCT	05/16/2002	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

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PTO/SB/01 (06-03)

Approved for use through 07/31/2003. OMB 0651-0032

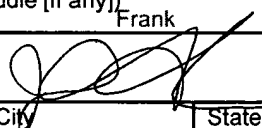
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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**DECLARATION — Utility or Design Patent Application**

Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number: <b>022874</b> <b>OR</b> <input type="checkbox"/> Correspondence address below			
Name			
Address			
City		State	ZIP
Country	Telephone	Fax	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) <b>Khalid</b>		Family Name or Surname <b>Raja</b>	
Inventor's Signature <i>Pajuraw</i>		Date <b>03-25-04</b>	
Residence: City <b>GRAFTON</b>	State <b>MA</b>	Country <b>USA</b>	Citizenship <b>US</b>
Mailing Address <b>3 COLD SPRING DRIVE</b>			
City <b>GRAFTON</b>	State <b>MA</b>	ZIP <b>01519</b>	Country <b>USA</b>
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) <b>Frank</b>		Family Name or Surname <b>D'Amelio</b>	
Inventor's Signature		Date	
Residence: City <b>Los Olivos</b>	State <b>CA</b>	Country <b>USA</b>	Citizenship <b>USA</b>
Mailing Address <b>6445 Calle Real</b>			
City <b>Santa Barbara</b>	State <b>CA</b>	ZIP <b>93117</b>	Country <b>USA</b>
<input type="checkbox"/> Additional inventors or a legal representative are being named on the _____ supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.			

## DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number: <span style="border: 1px solid black; padding: 2px 10px;">022874</span> OR <input type="checkbox"/> Correspondence address below			
Name			
Address			
City		State	ZIP
Country	Telephone	Fax	
<small>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</small>			
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor.	
Given Name (first and middle [if any]) Khalid		Family Name or Surname Raja	
Inventor's Signature			Date
Residence: City	State	Country	Citizenship
Mailing Address			
City	State	ZIP	Country
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor.	
Given Name (first and middle [if any]) Frank		Family Name or Surname D'Amelio	
Inventor's Signature 			Date
Residence: City Los Olivos	State CA	Country USA	Citizenship USA
Mailing Address 6445 Calle Real			
City Santa Barbara	State CA	ZIP 93117	Country USA
<input type="checkbox"/> Additional inventors or a legal representative are being named on the _____ supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.			

**DECLARATION****ADDITIONAL INVENTOR(S)  
Supplemental Sheet**Page 3 of 4

<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Dennis		Caudle	
Inventor's Signature <i>Dennis E. Caudle</i>		Date <i>16 MARCH, 2004</i>	
Residence: City	<i>SOLVANG</i>	State	<i>CALIF.</i>
		Country	<i>USA</i>
Citizenship <i>USA</i>			
Mailing Address <i>312 FREYA DR.</i>			
Mailing Address			
City	<i>SOLVANG</i>	State	<i>CALIF.</i>
		Zip	<i>93463</i>
		Country	<i>USA</i>
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Roger		Reetzman	
Inventor's Signature		Date	
Residence: City		State	
		Country	
Citizenship			
Mailing Address			
Mailing Address			
City		State	
		Zip	
		Country	
<b>Name of Additional Joint Inventor, if any:</b>		<input checked="" type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Kevin		Wood	
Inventor's Signature		Date	
Residence: City		State	
		Country	
Citizenship			
Mailing Address			
Mailing Address			
City		State	
		Zip	
		Country	

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MAY 21 2004  
PATENT & TRADEMARK

# DECLARATION

## ADDITIONAL INVENTOR(S)

Supplemental Sheet

Page 3 of 4


<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Deriris		Caudle	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	Zip	Country
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Roger		Raetzman	
Inventor's Signature <i>Roger Raetzman</i>		Date 3-16-04	
Residence: City KENOSHA	State WI	Country USA	Citizenship USA ✓
Mailing Address 4108 87 <sup>th</sup> STREET			
Mailing Address			
City KENOSHA	State WI	Zip 53142	Country USA
<b>Name of Additional Joint Inventor, if any:</b>		<input checked="" type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Kevin		Wood	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	Zip	Country

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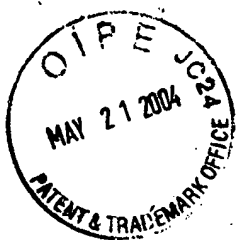


<b>DECLARATION</b>	<b>ADDITIONAL INVENTOR(S)</b> Supplemental Sheet Page 4 of 4
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<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Marvin		Parrell	
Inventor's Signature 		Date 3-12-04	
Residence: City	Racine	State	WI
		Country	USA
Citizenship USA			
Mailing Address 1315 Kingston Ave			
Mailing Address			
City	Racine	State	WI
		Zip	53402
		Country	USA
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City		State	
		Country	
Citizenship			
Mailing Address			
Mailing Address			
City		State	
		Zip	
		Country	
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City		State	
		Country	
Citizenship			
Mailing Address			
Mailing Address			
City		State	
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## STATEMENT OF FACTS OF KIMBERLY A. JARMAN

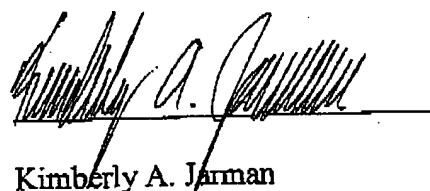
This Statement of Facts is being submitted in connection with U.S. Patent Application Serial No. 10/692,363, filed October 22, 2003, entitled FLUID DELIVERY SYSTEM FOR USE WITH A SURGICAL PUMPING UNIT.

I, KIMBERLY A. JARMAN, state the following:

1. I am Associate Corporate Counsel at ACMI Corporation (ACMI), and have held this position for about 3 years. ACMI owns the intellectual property rights of the above-identified matter.
2. Mr. Kevin Wood, a named inventor in the above-identified patent application, was employed by ACMI but is no longer an ACMI employee.
3. During the period of his employment, Mr. Wood contributed to certain inventive concepts described and claimed in the above-identified patent application and in a corresponding PCT application.
4. On May 16, 2001, U.S. Provisional Application No. 60/291,583, directed to the subject matter of the above-identified patent application, was filed.
5. On May 16, 2002, International Patent Application No. PCT/US02/15729 was filed claiming priority from U.S. Provisional Application No. 60/291,583.
6. On August 2, 2002, Mr. Wood signed a Power of Attorney for International Patent Application No. PCT/US02/15729, appointing Ganz Law, P.C. as representative.

7. On March 11, 2004, I sent a letter to Mr. Wood at his last known address forwarding a copy of a Declaration for the above-identified patent application for his signature. (copy attached)
8. Mr. Wood did not respond to my March 11, 2004, letter.
9. On April 6, 2004, I sent a reminder letter to Mr. Wood again requesting his signature on the previously forwarded Declaration. (copy attached)
10. Mr. Wood did not respond to my April 6, 2004, letter.
11. On April 11, 2004, I sent a second reminder letter to Mr. Wood again requesting his signature on the previously forwarded Declaration. (copy attached)
12. To this date Mr. Wood has not responded to any of my letters referred to above.
13. The facts set forth in this Statement of Facts are true, all statements made of my own knowledge are true, and all statements made on information and belief are believed to be true.
14. I understand that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the above-identified patent application.

Date: 5/17/04



Kimberly A. Jarman

Associate Corporate Counsel



140 3/11/04



**ACMI**

Kimberly A. Jarman  
Associate Corporate Counsel

March 11, 2004

Kevin Wood  
424 South A Street  
Lompoc, CA 93436

**Re: PCT Application for  
FLUID DELIVERY SYSTEM FOR USE WITH A SURGICAL PUMPING UNIT**

Dear Kevin;

Enclosed please find a Declaration that must be completed and signed by each inventor as part of ACMI's application for the Fluid Delivery System for Use with a Surgical Pumping Unit.

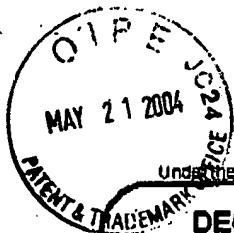
Would you please sign, date and complete the appropriate address and citizenship boxes and mail the original to me, as soon as possible? I have enclosed a prepaid Fedex package for your convenience.

Thank you in advance for your cooperation.

Very truly yours,

ACMI CORPORATION

Kimberly A. Jarman



PTO/SB/01 (08-03)

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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# DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

Declaration  
Submitted  
With Initial  
Filing

OR

Declaration  
Submitted after Initial  
Filing (surcharge  
(37 CFR 1.16 (e))  
required)

Attorney Docket Number	ACMI-2.006.US
First Named Inventor	Khalid Raja
COMPLETE IF KNOWN	
Application Number	10/692,363
Filing Date	October 22, 2003
Art Unit	3783
Examiner Name	Unknown

## I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

FLUID DELIVERY SYSTEM FOR USE WITH A SURGICAL PUMPING UNIT

(Title of the invention)

the specification of which



Is attached hereto

OR



was filed on (MM/DD/YYYY)

10/22/2003

as United States Application Number or PCT International

Application Number

10/692,363

and was amended on (MM/DD/YYYY)

10/22/2003

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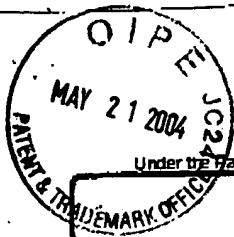
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				Yes	No
PCT/US02/15729	PCT	05/16/2002	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☒ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

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U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

**DECLARATION****ADDITIONAL INVENTOR(S)**  
Supplemental Sheet

Page 3 of 4

<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Dennis		Caulle	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	Zip	Country
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Roger		Reedman	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	Zip	Country
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Kevin		Wood	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	Zip	Country

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PTO/SB/02A (06-03)

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U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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**DECLARATION****ADDITIONAL INVENTOR(S)**  
Supplemental Sheet

Page 4 of 4

<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Marvin		Parrot	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	Zip	Country
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	Zip	Country
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
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**ACMI**

Kimberly A. Jarman  
Associate Corporate Counsel

April 6, 2004

Kevin Wood  
424 South A Street  
Lompoc, CA 93436

**Re: U.S. National Phase of PCT Application for  
FLUID DELIVERY SYSTEM FOR USE WITH A SURGICAL PUMPING UNIT**

Dear Kevin;

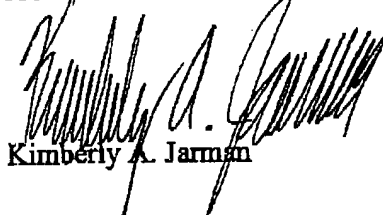
I am following up on my letter to you dated March 11, 2004 and enclosures (copy attached).

We would very much appreciate your returning the completed and signed Declaration to me as soon as possible; our deadline for submission is approaching.

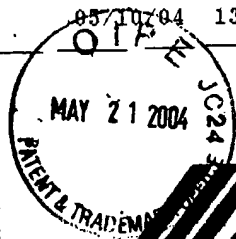
If you have any questions or concerns regarding this request, please do not hesitate to contact me.  
Thank you.

Very truly yours,

ACMI CORPORATION

  
Kimberly A. Jarman

100 3/11/04

**ACMI**

Kimberly A. Jarman  
Associate Corporate Counsel

March 11, 2004

Kevin Wood  
424 South A Street  
Lompoc, CA 93436

**Re: PCT Application for  
FLUID DELIVERY SYSTEM FOR USE WITH A SURGICAL PUMPING UNIT**

Dear Kevin;

Enclosed please find a Declaration that must be completed and signed by each inventor as part of ACMI's application for the Fluid Delivery System for Use with a Surgical Pumping Unit.

Would you please sign, date and complete the appropriate address and citizenship boxes and mail the original to me, as soon as possible? I have enclosed a prepaid Fedex package for your convenience.

Thank you in advance for your cooperation.

Very truly yours,

ACMI CORPORATION



Kimberly A. Jarman



PTO/SB/01 (08-03)  
Approved for use through 07/31/2008. OMB 0651-0032  
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE  
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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

☐ Declaration  
Submitted  
With Initial  
Filing

OR

☒ Declaration  
Submitted after Initial  
Filing (surcharge  
(37 CFR 1.16 (e))  
required)

Attorney Docket Number ACMI-2.008.US

First Named Inventor Khalid Reje

COMPLETE IF KNOWN

Application Number 10/892,363

Filing Date October 22, 2003

Art Unit 3763

Examiner Name Unknown

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**FLUID DELIVERY SYSTEM FOR USE WITH A SURGICAL PUMPING UNIT**

(Title of the invention)

the specification of which

☐ Is attached hereto

OR

☒ was filed on (MM/DD/YYYY) 10/22/2003

as United States Application Number or PCT International

Application Number 10/892,363

and was amended on (MM/DD/YYYY)

10/22/2003

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				Yes	No
PCT/US02/15729	PCT	05/18/2002	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☒ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

(Page 1 of 2)

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22318-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

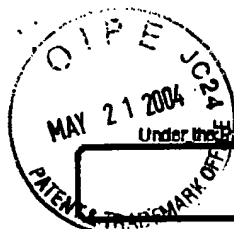
If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2

PTO/SB/02A (08-09)

Approved for use through 08/31/2009. OMB 0651-0032

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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**DECLARATION****ADDITIONAL INVENTOR(S)**

Supplemental Sheet

Page 3 of 4

<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Dennis		Caudie	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	Zip	Country
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Roger		Rietzman	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	Zip	Country
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Kevin		Wood	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	Zip	Country

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.





PTO/5B/02A (JB-DS)  
 Approved for use through 08/31/2009. OMB 0951-0032  
 U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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**DECLARATION****ADDITIONAL INVENTOR(S)**

Supplemental Sheet

Page 4 of 4

<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Marvin		Parrot	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	Zip	Country
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	Zip	Country
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	Zip	Country

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If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.



**ACMI**

Kimberly A. Jarman  
Associate Corporate Counsel

Via Fedex

Kevin Wood  
424 South A Street  
Lompoc, CA 93436

April 21, 2004

**Re: U.S. National Phase of PCT Application for  
FLUID DELIVERY SYSTEM FOR USE WITH A SURGICAL PUMPING UNIT**

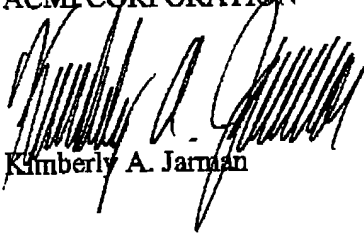
Dear Kevin;

I am following up on my letters to you dated March 11, 2004 and April 6, 2004, and enclosures (copy attached).

Please advise as to whether you have any concerns about signing the Declaration. Thank you.

Very truly yours,

ACMI CORPORATION



Kimberly A. Jarman

**ACMI**

Kimberly A. Jarman  
Associate Corporate Counsel

April 6, 2004

Kevin Wood  
424 South A Street  
Lompoc, CA 93436

**Re: U.S. National Phase of PCT Application for  
FLUID DELIVERY SYSTEM FOR USE WITH A SURGICAL PUMPING UNIT**

Dear Kevin;

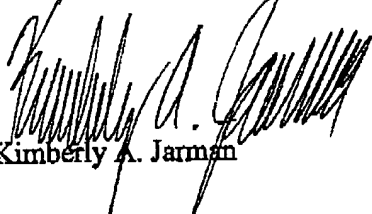
I am following up on my letter to you dated March 11, 2004 and enclosures (copy attached).

We would very much appreciate your returning the completed and signed Declaration to me as soon as possible; our deadline for submission is approaching.

If you have any questions or concerns regarding this request, please do not hesitate to contact me.  
Thank you.

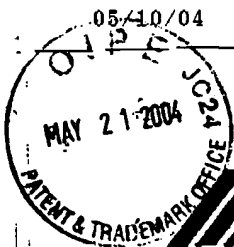
Very truly yours,

ACMI CORPORATION



Kimberly A. Jarman

140 3/11/04



**ACMI**

Kimberly A. Jarman  
Associate Corporate Counsel

Kevin Wood  
424 South A Street  
Lompoc, CA 93436

March 11, 2004

**Re: PCT Application for  
FLUID DELIVERY SYSTEM FOR USE WITH A SURGICAL PUMPING UNIT**

Dear Kevin;

Enclosed please find a Declaration that must be completed and signed by each inventor as part of ACMI's application for the Fluid Delivery System for Use with a Surgical Pumping Unit.

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Thank you in advance for your cooperation.

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ACMI CORPORATION

Kimberly A. Jarman



PTO/SB/01 (08-03)  
Approved for use through 07/31/2006. OMB 0651-0092  
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE  
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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

☐ Declaration  
Submitted  
With Initial  
Filing

OR

☒ Declaration  
Submitted after Initial  
Filing (surcharge  
(37 CFR 1.16 (e))  
required)

Attorney Docket Number ACMI-2.008.US

First Named Inventor Khalid Reja

COMPLETE IF KNOWN

Application Number 10/892,383

Filing Date October 22, 2003

Art Unit 3763

Examiner Name Unknown

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**FLUID DELIVERY SYSTEM FOR USE WITH A SURGICAL PUMPING UNIT**

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY)

10/22/2003

as United States Application Number or PCT International

Application Number

10/892,383

and was amended on (MM/DD/YYYY)

10/22/2003

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

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Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				Yes	No
PCT/US02/15729	PCT	05/18/2002	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

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If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



PTO/55/02A (08-03)

Approved for use through 08/31/2003. OMB 0661-0082

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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**DECLARATION****ADDITIONAL INVENTOR(S)**

Supplemental Sheet

Page 3 of 4

<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Dennis		Caudle	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	Zip	Country
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Roger		Radzman	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	Zip	Country
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Keyin		Wood	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	Zip	Country

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If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.



PTO/SA/02A (08-03)

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**DECLARATION****ADDITIONAL INVENTOR(S)**  
Supplemental Sheet

Page 4 of 4

<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Marvin		Parrel	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	Zip	Country
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	Zip	Country
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	Zip	Country

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